

| 11/17/06 | CHAMPPS ADVISORY COMMITTEE MEETING NOTES | RESPONSIBLE PARTY |
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| Attendees: | Barbara Cimaglio, Steve Justis, Jeanice Garfield, Jennifer Flannery, Amy Nickerson, Barbara Hanson, Coleen Krauss, Sue Shepard, Penrose Jackson, Patricia Berry, Sheri Lynn, Kelly Dougherty, Karen Garbarino, Alice Christian, Marcia LaPlante, Susan Coburn, Eileen Girling, Russell Frank, Shevonne Travers | |
| Welcome and Review Agenda; Review last meeting: Barbara Cimaglio | Review the charge of committee, how CHAMPPS (Coordinated Healthy Activity, Motivation, and Prevention Programs) fits into the Blueprint as a prevention piece, the challenge of different grants with different models, along with the aim to make it more cohesive for community organizations. | |
| Vermont's Blueprint for Health: Eileen Girling | It is currently unknown how the Blueprint engages with the work of CHAMPPS. Reviewed Blueprint's goals of changing the delivery system for chronic care with a public/private partnership. Five Task forces are: Self management, Provider Practice, Community, Public Services, Information Technology; and Evaluation was recently added. Bottom line: the Blueprint is developing a system with a similar framework and foundation. Coleen Kraus suggested the idea of a GIS person being able to link walking maps on the web with tourism. Handouts about the Blueprint were available in the packet. | |
| The Vermont Prevention Model: Susan Coburn and Marcia LaPlante | A model to be used to address many community-wide problems. See handouts in the packet: 1. The Vermont Prevention Model draft chart 2. The draft narrative of the model. Marcia presented a PowerPoint using the case study of New Directions communities to explain how the model works at the 5 levels. The goal is behavior change at the individual level. Sheri pointed out the importance of sharing successful experiences among groups. Perhaps this could be part of technical assistance included in future applicant conferences. | |
| Small Group Work: | <p>The group was split into 3 groups to address the following 3 issues: Eligibility, Planning vs. Implementation and Collaboration</p> <p>(1) Eligibility</p> <ul style="list-style-type: none"> What is eligible recipient entity? Is community geographically defined or defined by population? Are eligible entities limited to local spread versus statewide? What <i>types</i> of organizations are eligible CHAMPPS applicants (e.g., 501c3s, state agencies/departments, coalitions, . . . <p>(2) Collaboration</p> | |

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| | <p>What level of collaboration shall be required of grantees at the community-level? How is such collaboration demonstrated? (e.g., documented previous history of successful collaboration, letters of support/commitment, formal organizational relationships/structures, active coalition as demonstrated by meeting minutes, in-kind contributions of partners)</p> <p>(3) Planning versus Implementation Grants What are the criteria for readiness to implement? Previous history – developing plans and carrying out Community assessment – what has been done? What shall be required?</p> | |
| Report Out: | <p>These are the suggestions that came from the 3 groups:</p> <p>Eligibility: Who can apply for the CHAMPPS funding?</p> <ol style="list-style-type: none"> 1. The organization should represent a contiguous geographic community that is smaller than the whole state (as opposed to a special population across the whole state). For example, school districts, AHS district, hospital catchment area. 2. If it is newly formed (if not yet a 501(c)3), it is only eligible for a planning grant, not implementation. 3. It must be a community organization, rather than a state agency; however, an agency may act as a fiscal agent. Also it is assumed that the group would work in concert with the local health office. <p>Collaboration:</p> <ol style="list-style-type: none"> 1. Letters of support vs. collaboration, commitment, MOU. 2. Role of partners clearly understood and articulated 3. Stated in-kind contributions 4. If in-kind is serving on a board, what are requirements for attendance? 5. Reinforce <u>across the lifespan</u> 6. Strict guidelines will reduce number of applications: what's right balance? 7. Frequency of advisory group meetings 8. Demonstrated communication schedule/format 9. level of formality of collaboration 10. Role of AHS Regional Partnerships 11. How prescriptive should CHAMPPS advisory group be? | |

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| | <p>12. Ensure participation of very rural communities</p> <p>13. Require representation of sectors (a la New Directions 12 sectors) such as: (include bonus point sectors?)</p> <ul style="list-style-type: none"> • Nutrition/physical activity • From legislation: town officials • Dept of Corrections • Early childhood • Access to food./ food security, community access • Regional partnerships • Domestic violence • Media/PR • Law Enforcement • Schools • Treatment and Recovery Centers • Youth • Area community coalition(s) • Disabilities • Employers/WIBs <p>Planning vs. Implementation:</p> <p>Planning Components:</p> <ol style="list-style-type: none"> 1. Capacity Building 2. Explore existing plans rather than reinventing the wheel 3. Need to address prevention framework and all domains 4. Assessment would be deliverable 5. Staff dedicated to the development plan 6. Process of formulating structure 7. Focus on one health area and add more in later years (example of Maine) <p>Implementation Components:</p> | |

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| | <ol style="list-style-type: none"> 1. Assessment in place 2. Interventions in place 3. Plan with Budget 4. Experience 5. Outcomes in the past 6. 1 dedicated staffer whether in-kind or part of CHAMPPS budget 7. Subcommittees 8. Comprehensive, more than 2 health areas 9. Sustainability to move forward after implementation 10. Matching dollars 11. Encourage functioning groups to apply and link (i.e. Tobacco, ADAP New Directions, Blueprint) | |
| Large Group Discussion | <p>The larger group discussed the pros and cons of the recommendations of the smaller groups. They did not reach any strong conclusions, but gave input to the working group. This group will take this and make proposal ahead of the next meeting.</p> <ol style="list-style-type: none"> 1. <u>Timeline for RFP</u> The working assumption is that the funding has to go out by July 1st, 2007. Thus the timeline would be approximately: Feb 1st for applicant training; March 1st deadline for apps; decisions on May 1st. 2. <u>Application Review Process</u> The CHAMPPS legislation designated this group as “it” for making the grants. <p>Sheri discussed the example of Tobacco granting process, a rubric for scoring grant applications, each one read by 6 people. In the first year the group would expect to give 1 or 2 larger implementation grants and more, smaller planning grants.</p> <ol style="list-style-type: none"> 3. <u>Granting Committee</u> This needs to be formed ahead of the next meeting. <p>Discussed conflict of interest issues: those with interest in any grant applicant must recuse themselves.</p> | |
| Questions, Next Steps: | <p>Will there be some advance notice to community groups? Who does RFP go out to?</p> <p>The next Advisory Committee meeting: January 19, 2007, 11 a.m. – 2 p.m., Department of Children</p> | CHAMPPS working group |

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| | <p>& Families Training Conference Room, Building A, 2nd floor, 103 South Main Street, Waterbury</p> <p>At that meeting, the committee will review a freshly drafted RFP, which will be circulated ahead via email.</p> <p>All members are invited to any staff meetings along the way.</p> <p>If you wish to be on the grant committee, please let Sarah Gregorek know ASAP at SGregor@vdh.state.vt.us. She will serve as the email clearinghouse: (there is no listserve currently).</p> | |